

County number: _____ County name: _____

Treasurer name: _____ Treasurer email: _____

FY21 Claims based on property assessed in 2019 for 2020 valuations, payable in Fiscal Year 2020 – 2021, using the estimated funding rate of 100%.

You must send your claims to the Iowa Department of Revenue by November 1, 2020.

Is this an amended claim? Yes ☐ No ☐

Homestead Claim:

Number of qualified claimants: _____

Homestead claim: \$ _____
(Iowa Code chapter 425)

Disabled Veterans Claim:

Number of qualified claimants: _____

Disabled Veterans claim: \$ _____
(Iowa Code section 425.15)

Total Homestead and Disabled Veterans Claim:

Total claim requested \$ _____

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this affidavit, and, to the best of my knowledge and belief, it is true, correct, and complete. This form is in accordance with Iowa Code chapter 425.

Signature: _____ Date: _____

Return by Email to: IDRLocalGov@iowa.gov

Return by Mail to: ATTN Local Government Services
Iowa Department of Revenue
PO Box 10465
Des Moines IA 50306-0465